

City of College Station Wrecker Company Rotation List Application Form



Operating License Number _____

True Name of Wrecker Company:		
Address:		
Twenty four hour service phone number (cannot use pager) Vehicle Storage Facility Address:		
Owner's address:		
Required Attachments	:	
Rotation List Application Form	Must be completely filled out, <u>legible</u> , and signed by company owner. <u>No drivers</u> . Must also be accompanied by check or money order for rotation fee.	
		Received by:
VSF License Vehicle Storage Facility	A photocopy of the Vehicle Storage Facility License issued by the Texas Department of Transportation, which must list the physical address and phone number of the facility to be used, and be located within Brazos County.	,
	,	Received by:
Americans With Disabilities Act Form	The company's owner shall certify in writing that the VSF meets or exceeds the criteria set forth on an ADA accessibility form provided by the CSPD.	
		Received by:
List below the names of any wrecker company that the applicant has previously been associated, merged, or become a successor in interest. If this is applicable, the statements and certificates listed above must be attached to this application for the previous company.		
) per Company Collected by:	
Date Permit Issued Signature of Owner requesting permit		